POSITION	MITIALS	ID NO.	DATE
FEE DETERMINATION	MW	<del> </del>	05-02-01
O.I.P.E. CLASSIFIER	RED		5 3 4 4 3
FORMALITY REVIEW	C'.H	1035	6/26/01
RESPONSE FORMALITY REVIEW			<u> </u>

## **INDEX OF CLAIMS**

✓ Rejected	N Non-elected
= Allowed	I Interference
<ul> <li>(Through numeral) Canceled</li> </ul>	A Appeal
÷ Restricted	O Objected

÷ Hestricted U							
Claim Date	Claim Date	Claim	Date				
Claim Date    Building   Claim   Claim	Final	Final					
	51	101					
	52	102					
3 / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	53	103					
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6 7	56	106					
8	57 58	107	<del>-                                      </del>				
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	61	111	<del>                                     </del>				
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19 \	69	119					
20 7 2	70	120					
1 21	71	121					
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24	74	124					
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1 32	82	132	<del>                                     </del>				
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j 41	91	141					
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44	94	144					
45	95	145					
46 47	96	146					
47	97 98	147					
49	99	148	<del>-   -   -   -   -   -   -   -   -   -  </del>				
50	100	149	<del>-   -   -   -   -   -   -   -   -   -  </del>				
	1,50		<del></del>				

If more than 150 claims or 10 actions staple additional sheet here